

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4411.M5

MDR Tracking Number: M5-05-0180-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-13-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Carisoprodol, Hydrocodone, Tramadol, Augmentin XR, Methocarbamol, Axert, Mobic, and Lidoderm Patch from 10-22-03 through 8-25-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 26th day of January 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 1/21/05
Injured Employee:
MDR : M5-05-0180-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please review the item in dispute regarding medicines: Carisoprodol, hydrocodone, Tramadol, Augmentin XR, methocarbamol, Axert, Mobic, Lidoderm patch.

Denied by carrier for medical necessity with "v" codes.

Dates of service in dispute:

10/22/2003 - 08/25/2004

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 11/22/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Each medication will be addressed separately. Please note, there were no Attending Physician (AP) notes to refer to. The only clinical information provided is a chart review done 03/31/2003. It is quite comprehensive and indicates current medications, prior therapy, and prior medications:

1. Carisoprodol (soma) is not medically necessary nor supported by the clinicals provided.
2. Hydrocodone is not medically necessary.
3. Tramadol (ultracet) is not medically necessary nor supported by the clinicals provided.
4. Augmentin XR is not medically necessary nor related.
5. Methocarbamol (robaxin) is not medically necessary nor supported by the clinicals provided.
6. Axert is not medically necessary nor supported by the clinicals.
7. Mobic (an NSAID) is not medically necessary nor supported by the clinicals provided.
8. Lidoderm patch is not medically necessary nor supported by the clinicals.

The injured individual is a 40-year-old female with date of injury (DOI) of ____.

The diagnosis is lumbar strain. She was noted to have been involved in an MVA a few days prior to the Workers' Compensation injury. An MRI of 08/01/2001 showed degenerative disc disease (DDD) L4-S1 with an annular tear at L4/5. The DDD is assumed to be chronic as it would not have been so prominent two weeks after injury. It is noted that the EMG of 03/2002 showed an abnormality at left L5/S1 while a subsequent EMG of 07/2002 was normal. The injured individual had PT, work conditioning, and epidural steroid injections (ESI), all without help. She was hospitalized for headache in 08/2002, which appears unrelated to the DOI. The only clinicals provided were a timeline summary of her treatment and a very thorough record review done 03/31/2004. The record review indicates the injured individual received carisoprodol and alprazolam in 09/2001 without effect. Therefore, these are not medically necessary for the DOS in question as they did not help three years earlier. It is noted that she received augmentin for a sinus infection. This is not a chronic drug and not WC related for the DOS in question. This review lists her medications as skelaxin, celebrex, and lortab (hydrocodone). She was given hydrocodone, which is a short acting narcotic. This is not warranted in a chronic situation where longer acting narcotics are recommended. All other drugs listed for this review are not mentioned in any of the clinical information provided.

Some are redundant (hydrocodone and ultracet, carisoprodol and methocarbamol) so are not warranted, but most are not even listed. There does not appear to be one drug on this list which is medically necessary for this injured individual either due to redundancy, lack of clinical correlation, lack of clinical support, or because it is not clinically necessary for this situation.

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

21st day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____